

CACI - Arthritis Worksheet

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	<input type="checkbox"/> Yes
Symptoms	<input type="checkbox"/> None or mild to moderate symptoms with no significant limitations to range of motion, lifestyle, or activities
Cause of Arthritis	Acceptable causes are limited to: <input type="checkbox"/> Rheumatoid (limited to joint), psoriatic, or osteoarthritis
Acceptable Medications	<input type="checkbox"/> One or more of the following: Oral steroid which does not exceed equivalent of prednisone 20 mg/day (see steroid conversion calculator), Methotrexate, hydroxychloroquine (Plaquenil - see mandatory eye evaluation requirement below), NSAIDS.
Complete blood count (CBC) and complete metabolic panel	<input type="checkbox"/> Within 90 days <input type="checkbox"/> Normal CBC, Liver Function Test, and Creatinine
FAA Report of Eye Evaluation Form 8500-7 is required if hydroxychloroquine (Plaquenil) is used.	<input type="checkbox"/> 8500-7 Favorable and no concerns <input type="checkbox"/> N/A

AME MUST NOTE in Block 60 one of the following:

- ☐ CACI qualified arthritis.
- ☐ Not CACI qualified arthritis. Issued per valid SI/AASI. (Submit supporting documents.)
- ☐ NOT CACI qualified arthritis. I have deferred. (Submit supporting documents.)